

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 / 830528 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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6						
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8						
9						
10		1				
11		1				
12		1				
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49						
50						
TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS			9			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.				1		
TOTAL DEP.					1	
TOTAL CLAIMS			9			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS